

Communicable Disease Control and Prevention: Local Public Health Agency Roles and Responsibilities

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Interim Bureau Chief

Missouri Department of Health and Senior Services (DHSS)

Bureau of Communicable Disease Control and Prevention
(BCDCP)

Investigate Reportable Diseases and Conditions



Reportable Conditions in Missouri

Diseases and Conditions Reportable in Missouri (19 CSR 20-20.020) Numbers in parenthesis represent ICD-10 Codes

Report Diseases and Conditions to your local health agency or to:
Missouri Department of Health and Senior Services during business hours 573-751-6113,
after hours and on weekends 800-392-0272 or by fax 573-526-0235

1. Immediately reportable diseases or findings shall be reported to the local health authority or to the Department of Health and Senior Services immediately upon knowledge or suspicion by telephone, facsimile or other rapid communication. Immediately reportable diseases or findings are—

(A) Selected high priority diseases, findings or agents that occur naturally, from accidental exposure, or as the result of a bioterrorism event (Y38, Z65.4):

- Anthrax (A22, Z03.810, Z20.810)
- Botulism (A05.1, A48.51, A48.52)
- Paralytic Poliomyelitis (A80.0, A80.1, A80.2, A80.30, A80.39, A80.9)
- Plague (A20)
- Rabies (Human) (A82, Z20.3)
- Ricin Toxin (Y38.6X)
- Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) Disease (J12.81, B97.21)
- Smallpox (B03)
- Tularemia (suspected intentional release) (A21)
- Viral hemorrhagic fevers, suspected intentional (e.g., Ebola, Marburg, Lassa, Lujo, new world Arenaviruses (Guanarito, Machupo, Junin, and Sabia viruses), or Crimean-Congo virus) (A96, A98, A99)

(B) Instances, clusters, or outbreaks of unusual diseases or manifestations of illness and clusters or instances of unexplained deaths which appear to be a result of a terrorist act or the intentional or deliberate release of biological, chemical, radiological, or physical agents, including exposures through food, water, or air. (Y38, Z65.4)

(C) Instances, clusters, or outbreaks of unusual, novel, and/or emerging diseases or findings not otherwise named in this rule, appearing to be naturally occurring, but posing a substantial risk to public health and/or social and economic stability due to their ease of dissemination or transmittal, associated mortality rates, or the need for special public health actions to control. (A08.11, A08.31)

2. Reportable within one (1) day diseases or findings shall be reported to the local health authority or to the Department of Health and Senior Services within one (1) calendar day of first knowledge or suspicion by telephone, facsimile or other rapid communication. Reportable within one (1) day diseases or findings are—

(A) Diseases, findings or agents that occur naturally, or from accidental exposure, or as a result of an undetected bioterrorism event:

- Animal (nonfatal) bite, wound, humans
- Brucellosis (A23)
- Cholera (A00)
- Dengue virus infection (A90, A91)
- Diphtheria (A36, Z22.2)
- Glanders (*Burkholderia mallei*) (A24.0)
- *Haemophilus influenzae*, invasive disease (A41.3, A49.2, B96.3, J14, G00.0)
- Hantavirus pulmonary syndrome (B33.4)
- Hemolytic uremic syndrome (HUS), post-diarrheal (D59.3)
- Hepatitis A (B15)
- Influenza-associated mortality (J09, J10, J11)
- Influenza-associated public and/or private school closures (J09, J10, J11)
- Lead (blood) level greater than or equal to forty-five micrograms per deciliter ($\geq 45 \mu\text{g/dl}$) in any person (R78.71, T56.0X, Z77.011)
- Measles (rubeola) (B05)
- Melioidosis (*Burkholderia pseudomallei*) (A24.1-A24.9)
- Meningococcal disease, invasive (A39, Z20.811)
- Novel Influenza A virus infections, human (J09)

• Outbreaks (including nosocomial) or epidemics of any illness, disease or condition that may be of public health concern, including illness in a food handler that is potentially transmissible through food. (A05)

- Pertussis (A37)
- Poliovirus infection, nonparalytic (A80.4, A80.9, B91)
- Q fever (acute and chronic) (A78)
- Rabies (animal)
- Rubella, including congenital syndrome (B06, P35.0, Z20.4)
- Shiga toxin-producing *Escherichia coli* (STEC) (A04.3, B96.21-B96.23)
- Shiga toxin positive, unknown organism
- Shigellosis (A03)
- Staphylococcal enterotoxin B (A05.0)
- Syphilis, including congenital syphilis (A50-A53, A65, O98.11, O98.12, O98.13)
- T-2 mycotoxins (T64.81-T64.84, Y38.6X)
- Tetanus (A33-A35)
- Tuberculosis disease (A15, A17-A19, B90, J65, O98.0, P37.0)
- Tularemia (all cases other than suspected intentional release) (A21)
- Typhoid fever (*Salmonella Typhi*) (A01, Z22.0)
- Vancomycin-intermediate *Staphylococcus aureus* (VISA), and Vancomycin-resistant *Staphylococcus aureus* (VRSA)
- Venezuelan equine encephalitis virus: neuroinvasive disease (A92.8, A92.9)
- Venezuelan equine encephalitis virus: non-neuroinvasive disease (A92.2, A92.8, A92.9)
- Viral hemorrhagic fevers other than suspected intentional (e.g., Ebola, Marburg, Lassa, Lujo, new world Arenaviruses (Guanarito, Machupo, Junin, and Sabia viruses), or Crimean-Congo virus) (A96, A98, A99)
- Yellow fever (A95)

(B) Diseases, findings or adverse reactions that occur as a result of inoculation to prevent smallpox, including but not limited to the following, (T50.B15):

- Accidental administration
- Contact transmission (i.e., vaccinia virus infection in a contact of a smallpox vaccinee)
- Eczema vaccinatum
- Erythema multiforme (roseola vaccinia, toxic urticaria)
- Fetal vaccinia (congenital vaccinia)
- Generalized vaccinia
- Inadvertent autoinoculation (accidental implantation)
- Myocarditis, pericarditis, or myopericarditis
- Ocular vaccinia (can include keratitis, conjunctivitis, or blepharitis)
- Post-vaccinal encephalitis or encephalomyelitis
- Progressive vaccinia (vaccinia necrosum, vaccinia gangrenosa, disseminated vaccinia)
- Pyogenic infection of the vaccination site
- Stevens-Johnson Syndrome (L51.1, L51.3)

3. Reportable within three (3) day diseases or findings shall be reported to the local health authority or the Department of Health and Senior Services within three (3) calendar days of first knowledge or suspicion. These diseases or findings are—

- Acquired immunodeficiency syndrome (AIDS) / Human immunodeficiency virus (HIV) infection (B20)
- Babesiosis (B60.0)
- California serogroup virus: neuroinvasive disease (A83.5)
- California serogroup virus: non-neuroinvasive disease (A92.8)
- Campylobacteriosis (A04.5)

(Continued on page 2)

- Carbon monoxide exposure (T58)
- CD4 + T cell count and percent
- Chancroid (A56)
- Chemical poisoning, acute, as defined in the most current ATSDR CERCLA Priority List of Hazardous Substances; if terrorism is suspected, refer to subsection (1)(B)
- *Chlamydia trachomatis* infections (A55, A56, A74, P23.1)
- Coccidioidomycosis (B38)
- Creutzfeldt-Jakob disease (A81.0, A81.81-A81.83)
- Cryptosporidiosis (A07.2)
- Cyclosporiasis (A07.4)
- Eastern equine encephalitis virus: neuroinvasive disease (A83.2)
- Eastern equine encephalitis virus: non-neuroinvasive disease (A92.8)
- Ehrlichiosis / Anaplasmosis, human (*Ehrlichia chaffeensis*, *Ehrlichia ewingii*, and *Anaplasma phagocytophilum* infection) and undetermined (A77.4)
- Giardiasis (A07.1)
- Gonorrhea (A54, O98.2)
- Hansen's disease (Leprosy) (A30)
- Heavy metal poisoning including, but not limited to, arsenic, cadmium and mercury (N14.3, R78.79, T57.0X, Z77.010, T56.3X, T56.1X)
- Hepatitis B, acute (B16, B19.1)
- Hepatitis B, chronic (B18.0, B18.1, Z22.51)
- Hepatitis B surface antigen (prenatal HBsAg) in pregnant women (B16, B18.0, B18.1, O98.419)
- Hepatitis B Virus Infection, perinatal (HBsAg positivity in any infant aged equal to or less than twenty-four (24) months who was born to an HBsAg-positive mother) (B16, B18.0, B18.1)
- Hepatitis C, acute (B17.1, B19.2)
- Hepatitis C, chronic (B18.2, Z22.52)
- Human immunodeficiency virus (HIV) infection, exposed newborn infant (i.e., newborn infant whose mother is infected with HIV) (Z20.6)
- Human immunodeficiency virus (HIV) infection, including any test or series of tests used for the diagnosis or periodic monitoring of HIV infection. For series of tests which indicate HIV infection, all test results in the series (both positive and negative) must be reported (B20)
- Human immunodeficiency virus (HIV) infection, including any negative, undetectable, or indeterminate test or series of tests used for the diagnosis or periodic monitoring of HIV infection conducted within 180 days prior to the test result used for diagnosis of HIV infection (B20, R75, Z11.4)
- Human immunodeficiency virus (HIV) infection, pregnancy in newly identified or pre-existing HIV positive women (B20)
- Human immunodeficiency virus (HIV) infection, test results (including both positive and negative results) for children less than two years of age whose mothers are infected with HIV (R75, Z11.4, Z20.6)
- Human immunodeficiency virus (HIV) infection, viral load measurement (including nondetectable results) (B20)
- Hyperthermia (T67.0-T67.7, X30)
- Hypothermia (T68, X31)
- Lead (blood) level less than forty-five micrograms per deciliter ($< 45 \mu\text{g/dl}$) in any person (R78.71, T56.0X, Z77.011)
- Legionellosis (A48.1, A48.2)
- Leptospirosis (A27)
- Listeriosis (A32, P37.2)
- Lyme disease (A69.2)
- Malaria (B50-B54, P37.3, P37.4)
- Methemoglobinemia, environmentally-induced (D74.8, D74.9)
- Mumps (B26)
- Non-tuberculosis mycobacteria (NTM) (A31)
- Occupational lung diseases including silicosis, asbestosis, byssinosis, farmer's lung and toxic organic dust syndrome (C45.0, J61, J62.8, J66, J92.0, Z57.2, Z57.39)
- Pesticide poisoning (T60.8X, Z57.4)
- Powassan virus: neuroinvasive disease (A83.8)
- Powassan virus: non-neuroinvasive disease (A92.8)
- Psittacosis (A70)
- Rabies Post-Exposure Prophylaxis (Initiated) (Z20.3)
- Respiratory diseases triggered by environmental contaminants including environmentally or occupationally induced asthma and bronchitis (J68.0)

- Rickettsiosis, Spotted fever (A77.0-A77.3, A77.8, A77.9)
- Saint Louis encephalitis virus: neuroinvasive disease (A83.3)
- Saint Louis encephalitis virus: non-neuroinvasive disease (A92.8)
- Salmonellosis (A02)
- *Streptococcus pneumoniae*, invasive disease (IPD-Invasive Pneumococcal Disease) (A40.3, B95.3, J13)
- Streptococcal toxic shock syndrome (STSS)
- Toxic shock syndrome, non-streptococcal (TSS) (A48.3)
- Trichinellosis (B75)
- Tuberculosis infection (R76.1)
- Vancella (chick-empox) (B01)
- Vancella deaths (B01)
- Vibriosis (non-cholera *Vibrio* species infections) (A05.3, A05.5, B96.82)
- West Nile virus: neuroinvasive disease (A92.31, A92.32)
- West Nile virus: non-neuroinvasive disease (A92.30, A92.39, A92.8, A92.9)
- Western equine encephalitis virus: neuroinvasive disease (A83.1, A83.8, A83.9)
- Western equine encephalitis virus: non-neuroinvasive disease (A92.8, A92.9)
- Yersiniosis (A04.6, A28.2)

4. Reportable weekly diseases or findings shall be reported directly to the Department of Health and Senior Services weekly. These diseases or findings are—

- Influenza, laboratory-confirmed (J09, J10)

5. Reportable quarterly diseases or findings shall be reported directly to the Department of Health and Senior Services quarterly. These diseases or findings are—

- Methicillin-resistant *Staphylococcus aureus* (MRSA), nosocomial (Y96 plus one or more of the following: A41.02, A49.02, B59.62, J15.212, Z22.322)
- Vancomycin-resistant enterococci (VRE), nosocomial

NOTE: Cancer is also a reportable disease. Please refer to CSR 70-21.010 for complete information.

Isolates or specimens positive for the following reportable diseases or conditions must be submitted to the State Public Health Laboratory for epidemiological or confirmation purposes:

- Anthrax (*Bacillus anthracis*)
- Cholera (*Vibrio cholerae*)
- Diphtheria (*Corynebacterium diphtheriae*)
- *Escherichia coli* O157:H7
- Glanders (*Burkholderia mallei*)
- *Haemophilus influenzae*, invasive disease
- Influenza Virus-associated mortality
- Listeriosis
- Malaria (*Plasmodium* species)
- Measles (rubeola)
- Melioidosis (*Burkholderia pseudomallei*)
- *Mycobacterium tuberculosis*
- *Neisseria meningitidis*, invasive disease
- Orthopoxvirus (smallpox / cowpox-vaccinia / monkeypox)
- Other Shiga Toxin positive organisms
- Pertussis (*Bordetella pertussis*)
- Plague (*Yersinia pestis*)
- *Salmonella* species
- Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease
- Shigella species
- Tularemia (*Francisella tularensis*)
- Potential Vancomycin Resistant *Staphylococcus aureus* (VRSA), with MIC greater than or equal to eight (≥ 8).



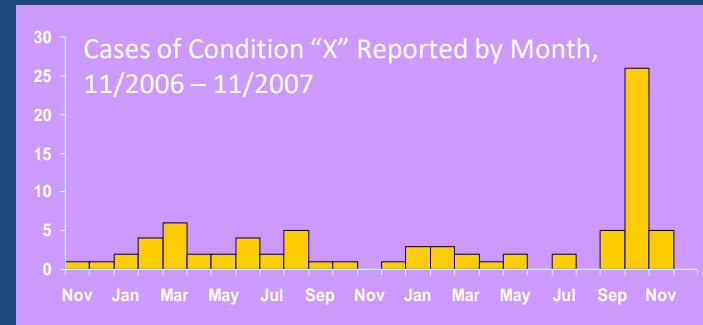
This reporting rule can be accessed by clicking [19 CSR 20-20.020]
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
Services provided on a nondiscriminatory basis.

Revised 5/2016

<http://health.mo.gov/living/healthcondiseases/communicable/communicabledisease/pdf/reportablediseaselist2.pdf>

Revised 5/2016

Collect, Analyze, Communicate, and Control



- **Surveillance (Collect)** – gather disease information to determine baseline (endemic) levels, monitor trends, and identify suspected outbreaks.
- **Report (Communicate)** – LPHAs share information on investigations of reportable conditions and outbreaks (DHSS and other partners, as appropriate).
- **Cases and Outbreaks (Analyze and Control):**
 - Collect and analyze data from disease cases to identify populations most affected (questionnaires may be tailored to the event).
 - Develop and implement control measures to prevent future outbreaks.

Clinical vs. Epidemiological Perspective

Clinician

- Patient's diagnostician
- Collect medical history, perform physical exam, laboratory results (patient)
- Diagnosis of individual patient
- Treat disease
- Cure disease



Epidemiologist

- Community's diagnostician
- Collect information from medical history, physical exam, laboratory results, personal interviews (patients)
- Predict trend in population
- Control spread of disease
- Prevention of future cases



TB: Case Management

Treatment using Directly Observed Therapy

- DOT and TB case management
- Active Case Isolation
 - Additional resources may be needed for extended periods
- Medication
 - Provided for all active disease cases and LTBI cases most likely to progress to active disease (Core Curriculum)
- TB Case Management Manual:
<http://health.mo.gov/living/healthcondiseases/communicable/tuberculosis/tbmanual/index.php>

Partnership between LPHAs and BCDCP



Districts for Statewide Disease Investigation / Terrorism Response / TB Control

Missouri Department of Health and Senior Services

Division of Community and Public Health

Bureau of Communicable Disease Control and Prevention

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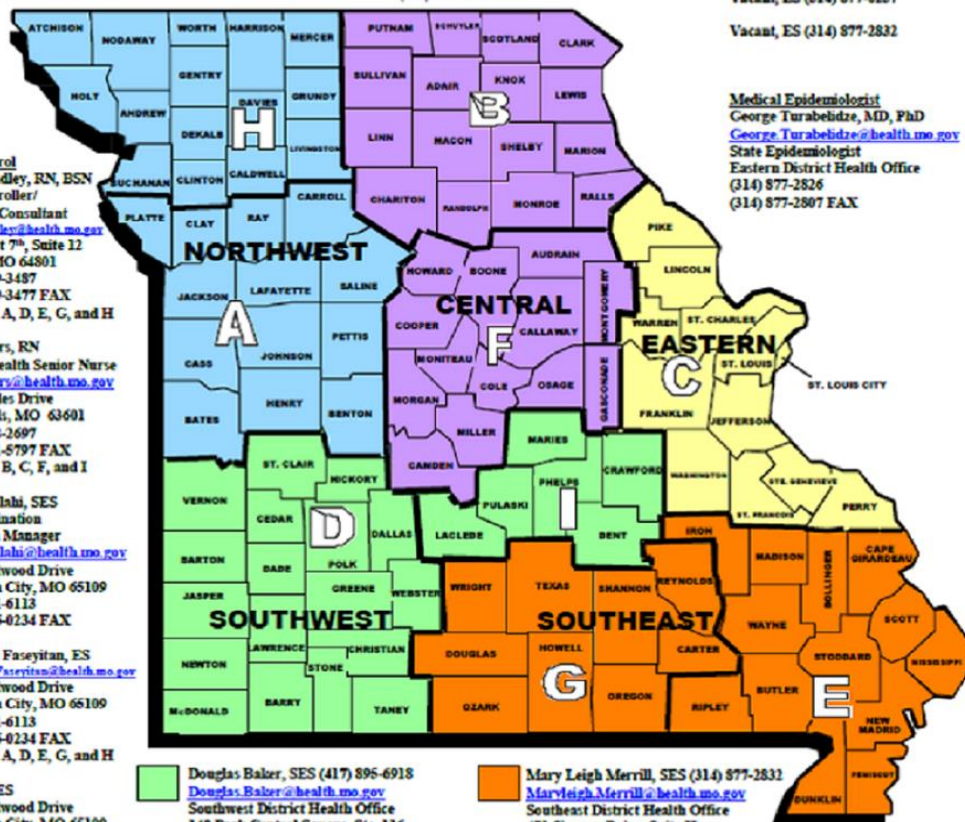
Southeast District Health Office

471 Siemers Drive, Suite H

Cape Girardeau, MO 63701

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Vacant, ES (573) 290-5783



July 2020

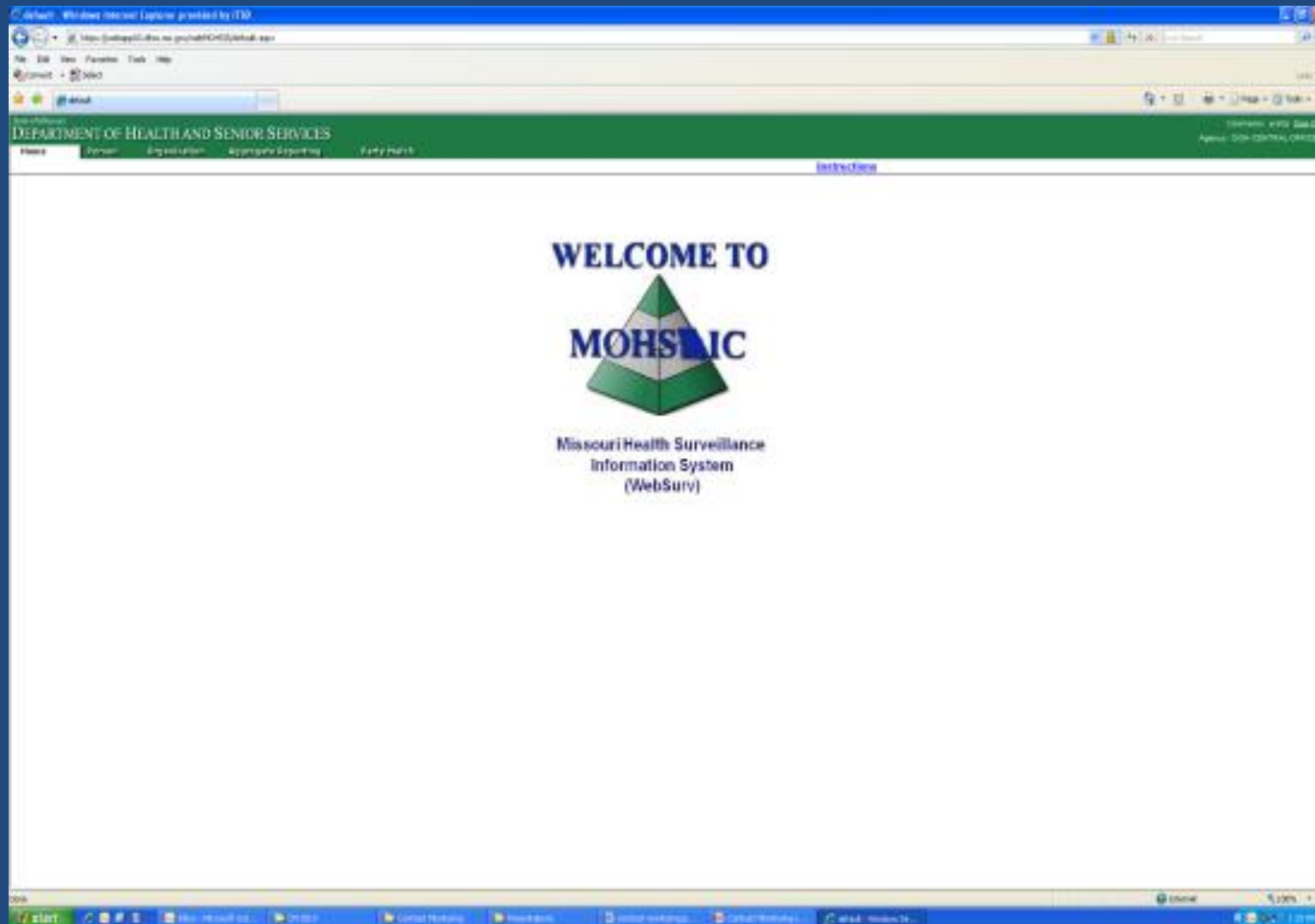
Resources

- BCDCP staff
- Control of Communicable Diseases Manual and the Red Book (American Academy of Pediatrics)
- Communicable Disease Investigation Reference Manual (CDIRM):
<http://health.mo.gov/living/healthcondiseases/communicable/communicabledisease/cdmanual/index.php>
- Investigation forms and algorithms
- WebSurv and Crystal Reports
- Missouri State Public Health Laboratory


LISTSERV

Contact your District
Staff to be added.

Missouri Health Surveillance Information System: WebSurv



Crystal Reports



Welcome Kathleen Henschel

Advanced Search

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Set As Home Page

Portal Menu

- Home
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- Change Password
- Business Objects Explorer
- Favorites
- Inbox
- Reports
 - Auditing
 - Communicable Diseases\Central Office\District Office
 - Provider Listing/Reports
 - Select CONDITION
 - WebSurv Aggregate Reports
 - WebSurv Line Listing Reports
 - Select BT Region
 - Select DHSS Region
 - Select Jurisdiction

Portal Menu > Reports > Communicable Diseases\Central Office\District Office > WebSurv Line Listing Reports > Select Jurisdiction

Move Document











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Show Filter

Total Record Count: 17

Title	Format	
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 WSLL_02_jur_NewDiag_Review.rpt Instance Count: 0	CrystalReport Details	Actions <input type="checkbox"/>
 WSLL_03_jur_ContractMonitoring.rpt Instance Count: 0	CrystalReport Details	Actions <input type="checkbox"/>
 WSLL_04a_jur_LineListing.rpt Instance Count: 0	CrystalReport Details	Actions <input type="checkbox"/>
 WSLL_04b_jur_LineListing.rpt Instance Count: 0	CrystalReport Details	Actions <input type="checkbox"/>
 WSLL_04c_jur_LineListing.rpt Instance Count: 0	CrystalReport Details	Actions <input type="checkbox"/>
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 WSLL_05a_jur_OpenInvestigationsCurrentYear Instance Count: 0	CrystalReport Details	Actions <input type="checkbox"/>
 WSLL_05b_jur_OpenInvestigationsPreviousYear Instance Count: 0	CrystalReport Details	Actions <input type="checkbox"/>

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Training

- BCDCP/DHSS offers training in:
 - Principles of Epidemiology
 - CD orientation, WebSurv, and Crystal Reports (pre-defined)
 - Foodborne illness outbreak investigation (EpiReady)
 - Epidemiology in public health practice (HAT)
 - TB or Not TB
 - Drug Resistant TB
 - TB Contact Investigation

COVID-19



INTRANET



DHSS Website

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The new EpiTrax disease surveillance system is live and available at <https://epitrax.health.mo.gov/>.

EpiTrax works best in the Google Chrome or Microsoft Edge browsers.

EpiTrax houses all COVID-19 laboratory and case data reported after the implementation date of August 7, 2020 at 9pm. Previously reported COVID-19 data is available in WebSurv as the EpiTrax team works to migrate to EpiTrax in the coming weeks. All other disease and condition data will be migrated to EpiTrax in subsequent projects.

All existing WebSurv users were granted access to EpiTrax. A welcome message with instructions and helpful links was sent to all users. New users or existing users that need to reset a password can contact the EpiTrax/MO ACTS Helpdesk at (573) 526-9533 or epitrax@health.mo.gov.

For information on contact tracing, visit the Missouri's Advanced Contact Tracing System (MO ACTS) page at <https://dphs.health.mo.gov/lphs/moacts/>.

Training Materials and Resources

EpiTrax
User Guide

Videos

Documents

Local Public Health Services

Vision & Mission

Calendar of Events

Friday Facts

LPHA Information

Publications

Related Sites

Resources

Training

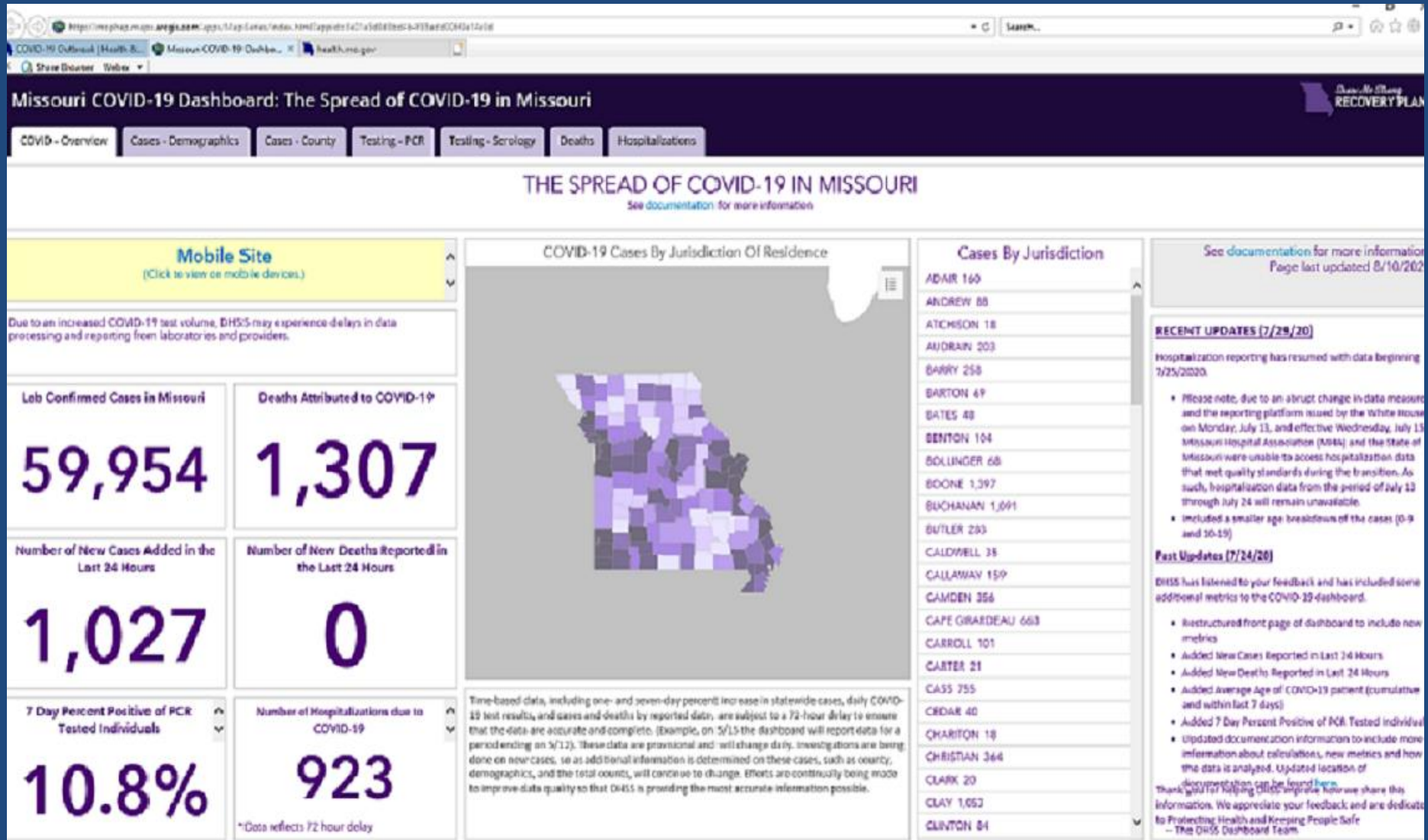
Contact

EpiTrax Helpdesk

Phone: 573-526-9533

Email: epitrax@health.mo.gov

COVID-19



Questions?

john.bos@health.mo.gov